
OLR Bill Analysis

sSB 837 (File 110, as amended by Senate "A")*

AN ACT CONCERNING THE DEPARTMENT ON AGING.

SUMMARY:

The law establishes a Department on Aging effective January 1, 2013, and transfers to it all functions, powers, duties, and personnel of the Department of Social Services' (DSS) Aging Services Division. However, DSS must continue to administer programs that become the new department's responsibility until the governor appoints an aging commissioner and administrative staff.

This bill effectuates the establishment of the Department on Aging by transferring to it all Aging Services Division programs and responsibilities, including federal Older Americans Act (OAA) programs; the Statewide Respite Program; the Community Choices Program; OAA funding for area agencies on aging; health insurance counseling; administration of state grants for elderly community services and programs; oversight of municipal agents for the elderly; elderly nutrition; and fall prevention. It also designates the aging commissioner as a state agency head, thus subjecting that individual to serve at the pleasure of the governor and to legislative approval.

The bill also moves, from DSS to the department, the Long-Term Care Ombudsman Office.

The bill makes the Department of Housing (DOH) responsible for the state's congregate and Section 8 housing programs, instead of the Department of Economic and Community Development (DECD) and DSS, respectively (see BACKGROUND).

Finally, the bill makes technical and conforming changes.

*Senate Amendment "A" (1) removes the Aging Committee chairs and ranking members from the membership of the Medicaid Waiver

Application Development Council; (2) explicitly designates the aging department as the state unit on aging for purposes of administering federal OAA programs and services; and (3) makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2013, except that the provisions (1) designating the aging department as the state unit on aging; (2) making a technical change designating the aging department and commissioner as a state agency and state agency head, respectively; and (3) making a technical change regarding existing DSS orders and regulations, take effect upon passage.

§§ 1, 5, 8, 15-18, 20-23 — TRANSFER OF CERTAIN DSS FUNCTIONS

The bill transfers authority over the following functions from DSS to the Aging Department:

1. overseeing municipal agents for the elderly (§ 1);
2. serving as the designated “state unit on aging” under the federal OAA and administering related programs (§§ 4 & 5);
3. establishing and overseeing a fall prevention program, within available appropriations (§ 8);
4. establishing an outreach program to educate consumers on long-term care, including financing, asset protection, and insurance (§ 9);
5. providing public information to help people choose appropriate long-term care insurance (§ 9);
6. approving plans of the state’s five area agencies on aging, allocating OAA funds to these agencies, and reviewing and reporting to the legislature on funding allocation methods (§§ 15 & 16);
7. awarding state grants for elderly community services and programs and using up to 5% of funds appropriated for these

grants for related administrative expenses (§§ 17 & 18);

8. administering the CHOICES program (the state's health insurance information and counseling program for seniors) (§ 19);
9. administering elderly nutrition programs (§ 20);
10. serving on the Long-Term Care Planning Committee (§ 21); and
11. operating the Statewide Respite and Community Choices programs (§§ 22 & 23).

§ 2 — CONGREGATE HOUSING

The bill requires the DOH commissioner, instead of the DECD commissioner, to administer a congregate housing program.

It also requires the housing commissioner to consult with the aging commissioner, not only the DSS commissioner as DECD must do under current law, regarding the provision of services to residents with physical disabilities.

§ 3 — REGULATIONS REGARDING NURSING HOME FINANCIAL SOLVENCY REPORTING

The bill requires DSS to work in conjunction with the Aging Department, not only the Public Health Department as under current law, when adopting regulations on reporting requirements regarding nursing homes' financial solvency and quality of care. These reports are submitted to the Nursing Home Financial Advisory Committee to help determine the financial viability of nursing homes, identify those experiencing financial distress, and identify the reasons for the distress.

§§ 3 & 4 — COORDINATION, STUDY, ASSESSMENT, AND MONITORING DUTIES

The bill transfers, from DSS to the Aging Department, the requirement to continuously study the conditions and needs of the elderly for nutrition, transportation, home-care, housing, income, employment, health, recreation, and other matters. It also makes the

Aging Department, rather than DSS, responsible for overall planning, development, and administration of a comprehensive and integrated social service delivery system for the elderly. The department must do this in cooperation with federal, state, local, and area planning agencies on aging.

§§ 6-7 & 24-25 — MEMBERSHIP ON CERTAIN ADVISORY BOARDS AND COUNCILS

The bill replaces the Commission on Aging's representative with the aging commissioner on the Low-Income Energy Advisory Board and the Connecticut Homecare Option Program for the Elderly Advisory Board.

It also adds the (1) Aging Committee's chairs and ranking members and aging commissioner, or their designees, to the membership of the Medical Assistance Program Oversight Council and (2) aging commissioner, or her designee, to the membership of the Medicaid Waiver Application Development Council.

§§ 10-14 — LONG-TERM CARE OMBUDSMAN

By law, the state's Long-Term Care Ombudsman Office represents the interests of residents in nursing and residential care homes and assisted living facilities. Among other things, the office receives and investigates residents' complaints about their care; provides education and information to consumers, agencies, and providers; and monitors state and federal laws and regulations.

The bill moves the ombudsman's office from DSS to the Aging Department and makes other related technical and conforming changes.

The bill also makes the aging commissioner, instead of the DSS commissioner, responsible for (1) appointing the Long-Term Care Ombudsman and (2) seeking funding for the ombudsman program's resident advocates.

§ 27 — LONG-TERM CARE INSURANCE CERTIFICATION

Currently, the insurance commissioner can precertify only those

long-term care insurance policies that, among other requirements, alert purchasers to consumer information and public education DSS provides. The bill replaces DSS with the Aging Department in this context.

BACKGROUND

Related Bills

HB 6366, favorably reported by the Housing Committee, also makes the DOH responsible for the state's congregate and Section 8 housing programs, instead of DECD and DSS, respectively.

HB 6368, favorably reported by the Human Services Committee, also transfers administration of the CHOICES program from DSS to the Aging Department.

Department of Housing

PA 12-1, June Special Session, established DOH, making it DECD's successor with respect to its housing-related functions, powers, and duties (including community development, redevelopment, and urban renewal). The housing commissioner is responsible for (1) all aspects of state housing policy, development, redevelopment, preservation, maintenance, and improvement of the state's housing stock and (2) developing strategies to encourage housing provision in the state, including for very low-, low-, and moderate-income families.

Elderly Programs and Services Remaining Under DSS

DSS is the state's Medicaid agency, which means it is responsible for providing direct oversight of Connecticut's Medicaid programs. Thus, it will continue to administer all Medicaid-related elderly programs and services. These include, among others, the Connecticut Homecare Program for Elders, Money Follows the Person Rebalancing Demonstration, Medicaid Personal Care Attendant Waiver Program, the Balancing Incentive Program, and the Medicare and Medicaid Enrollee Demonstration.

COMMITTEE ACTION

Aging Committee

Joint Favorable

Yea 12 Nay 0 (03/07/2013)